M	ISSO	ŲR	I DI	VIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-0367$	797
DO NOT WRITE	AM	ENDE	D	₽ R	Registration District No	
ON THIS STUB		LIVE		_	SEP 17 1987	
VS 300	9			1	MISSUII 50. EOUIS	ce before ission)
Rev. 4/59	AMENDED					e Limits
.	\\ \			! _	TOWN St. Louis 16 days Town Florissant Y.	¶ No □
	الما			1 _	HOCDITAL OD	on Farm
170133	18		╝	[] No 🕍
′ 3	1			_3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF CL 1. O. T. O.C.	Year
					HENRY VALENTINE TRAPP DEATH Sept. 9, 1962	
4 0				- 5	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE, OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UN	
5 2	Ιİ				Male White Widowed X Divorced □ 8-28-1886 76 Months Days Hours	Min.
	_			10	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT C	OUNTRY
_6	<u> </u>				during most of working life, even if retired) Spray Painter Hussmann Refric. Co. St. Louis. Mo. USA	
7 O	<u> </u>			13	Spray Painter Hussmann Refric. Co. St. Louis. Mo. USA 36. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
	2			G.	eorge Trapp Lisette Schneider Deceased	
8 /.	ଥ			15	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9				Į, į	Yes, no, or unknown) If yes, give war or dates of service Marie Mohrman, 700 Lindsay Lane	
10	¥		Έ	7	VIB. CAUSE OF DEATH (Bor only one cause per line for the control of the control o	BETWEEN D DEATH
	ᇎᆝ		\ ₩	5	M 1 IMMEDIATE CAUSE (a) Branchonneumonic	D DOM!!!
11/48	AD OF		Ę	17	Dia	
12/ Y A L			18		Conditions, If any, DUE TO (b) allow the Survey Continue	
			-1	$\mathcal{Q}_{\mathbf{I}}$	which gave rise to show cause (a), stating the under-	1
13	- - -	1	ℸ℩୵	7	lying cause last.] DUE TO (c) The Manual Ma	
68	5		'	ξ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but at related to the part of	emale was
6 8	2	l	- 1 (037	0000	Unknown
Ş	֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓֓֡֓֡֓֡֓֡֓	Ш	\	/ E	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE NOW MUJURY OCCURRED, (Enter nature of injury in PART I or PART II of Item	18.)
2	5	Ш		뜅	PERFORMED?	
7	Swelv Dwein is			ี่	20c. TIME OF Hour Month, Day, Year	
→ 0 3	₹			اقِ	INJURY a.m. aug 24/96 2	
RIBBON				*	20d. INJURY OCCURRED. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN OR LOCATION COUNTY WHILE AT WORK 2 tayin, factory, street, office bldg, etc.)	STATE
				ŀ	NOT WHILE AT WORK - 3 Horal on drivingy St. Lung M.	
ਤੁਰੂ⊑	READ				21. I attended the deceased from 1962 to Sept 77 1962 and last saw him alive on Sept 91967	<u> </u>
<u> </u>	a l				Death occurred et no the date stated above, and to the best of my knowledge, from the causes sta	ited.
USE BLACE OR TYPEWRITER	SHOULD		P	▎▏	Ta. SIGNATURE (Decide or title) 22b. ADDRESS 22c. DA	TE SIGNED
_	岁		<u> </u>		3a. BUR/AL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Sta	462
į	Š.	\top	AFFIDA	23	REMOVAL (Specify)	he) _
	ž		画		Removal 9-13-62 St. Ferdinand Cemetery Floris sant 10. 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAS'S SIGNATURE	
	TEM		7			0
	=		<u> </u>	T.D.	e Florissant Mortuary, Florissant, No. SEP 11 1962 Koan Smith . 19. 1	<u>/ </u>

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
	personal supervision.	4. Silitation
tudent	Signature of Student Embalmer	_ Signed / Stull / Stulluus
		Licensed Embalmer No. 4966
		P. O. Address FLORISS ANTI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.